

Eligibility for the Additional Dose

The Additional Dose of m-RNA vaccine is recommended for patients with moderate to severe immune compromise who had an initial series with an m-RNA vaccine.

The following conditions are included in “moderate to severe immune compromise”:

- Active treatment for solid tumor and hematologic malignancies
- Receipt of solid-organ transplant and taking immunosuppressive therapy
- Receipt of CAR-T-cell or hematopoietic stem cell transplant (within 2 years of transplantation or taking immunosuppression therapy)
- Moderate or severe primary immunodeficiency syndromes (e.g., DiGeorge syndrome, Wiskott-Aldrich syndrome)
- Advanced or untreated HIV infection
- Autoimmune Disease ***being treated with immune suppressing medication***.
 - Examples of autoimmune diseases: Rheumatoid arthritis (RA), juvenile arthritis, psoriatic arthritis, plaque psoriasis, ankylosing spondylitis, ulcerative colitis (UC) and Crohn's disease. See below for medications used to treat autoimmune disease.
- Medications that cause immunosuppression:
 - high-dose corticosteroids (i.e., ≥ 20 mg prednisone or equivalent per day),
 - alkylating agents – used mostly to treat cancers (examples: Cytosan, Cisplatin, carboplatin)
 - antimetabolites- used to treat autoimmune disease, leukemia, cancers of the breast, ovary, and gastrointestinal tract (examples: 5-FU, 6-MP, Methotrexate)
 - transplant-related medications – to prevent transplant rejection
 - chemotherapy for cancer treatment
 - anti-TNF medications - “biologics” for treatment of autoimmune diseases. (examples: Enbrel, Humira, Remicade)

The following conditions are ***not included*** in the current recommendation (even though these conditions can affect the immune system):

- Diabetes (Type 1 or type 2)
- Chronic kidney disease – including dialysis
- Asplenia
- COPD, asthma, other lung conditions
- Older age
- Autoimmune disease ***and not taking immune suppressing medication***
- HIV on antiviral medication (undetectable viral load)
- Hepatitis (A, B or C)
- Taking inhaled corticosteroids or getting steroid injections

Patients are encouraged to discuss the 3rd dose recommendation with their provider.

Vaccine Brand

The additional mRNA COVID-19 vaccine dose should be the **same vaccine product** as the initial 2-dose mRNA COVID-19 primary vaccine series (Pfizer-BioNTech or Moderna).

If the mRNA COVID-19 vaccine product given for the first two doses is not available (meaning no reasonable options for getting the same brand), the other mRNA COVID-19 vaccine product may be administered.

A person should not receive more than three mRNA COVID-19 vaccine doses.

An additional dose of J&J vaccine following a primary J&J series was not authorized. An additional dose of an mRNA vaccine following a primary J&J was not authorized. FDA and CDC are actively working to provide guidance on this issue.

Scheduling

People eligible for an additional dose (3rd dose) can:

- schedule with their PCP, specialist, or pharmacy on the registration app
- call their PCP, specialist, or pharmacy to schedule (if provider isn't on the app)
- schedule on the statewide app with another available provider. Patients should update their medical history in the registration app and bring their vaccine card to the appointment
- understand that some vaccine providers will need to order more vaccine supply
- Please **schedule** for 3rd dose (vs walk-ins)

NOTE: the registration app will only allow the following people to schedule a 3rd dose:

- 1) an immune suppressing condition is noted in the medical history (box checked) AND
- 2) primary series of Moderna or Pfizer AND
- 3) 28 days from 2nd dose

Timing

The additional dose of an mRNA COVID-19 vaccine should be administered at least 28 days after completion of the initial series.

Whenever possible, mRNA COVID-19 vaccination doses (including the primary series and an additional dose) should be completed at least two weeks before starting or resuming immunosuppressive therapies.

A patient's clinical team is best positioned to determine the degree of immune compromise and appropriate timing of vaccination

Other

- Ideally, the patient's medical history is clear. But if vaccinating in a setting where the patient's medical history is not available, then "proof" of qualifying medical condition is not required.
- Patients getting a 3rd dose are NOT eligible for the August \$100 incentive program.

Snapshot of the Registration App page where patients select their medical history:

Increased Risk Of Severe Illness

- Cancer
- Chronic kidney disease
- COPD (Chronic Obstructive Pulmonary Disease)
- Intellectual and Developmental Disabilities including Down Syndrome
- Heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
- Immunocompromised state (weakened immune system) from solid organ transplant
- Obesity (BMI 30 or higher, but less than or equal to 40) [See NIH BMI Calculator to calculate your BMI](#)
- Severe obesity (BMI greater than or equal to 40) [See NIH BMI Calculator to calculate your BMI](#)
- Pregnancy
- Sickle cell disease
- Smoking
- Type 2 diabetes

Might Be At Increased Risk

- Asthma (moderate to severe)
- Cerebrovascular disease
- Hypertension or high blood pressure
- Cystic fibrosis
- Immunocompromised state (weakened immune system) from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, or use of other immune-weakening medicines
- Liver disease
- Neurologic conditions such as dementia
- Overweight (BMI greater than 25 but less than 30) [See NIH BMI Calculator to calculate your BMI](#)
- Pulmonary fibrosis (damaged or scarred lung tissue)
- Thalassemia (a type of blood disorder)
- Type 1 diabetes